IJCRT.ORG

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

THE ROLE OF DHAMARGAVA KSHEERAPAKA VAMANA MANAGEMENT OF VICHARCHIKA: - A SINGLE CASE STUDY

Dr.Sayani Datta¹, Dr.Protiva Talukdar², Dr.Supriya³, Dr.Ashvini Kumar M⁴

Postgraduate Scholar^{1,2,3},Professor& HOD⁴

Department of Panchakarma, Shi DharmasthalaManjunatheshwara College of Ayurveda and Hospital,
Hassan, Karnataka 573201, India 1,4

Department of Shalyatantra ,<mark>Shi Dha</mark>rmasthalaManjunatheshwara College of Ayurveda and Hospital,
Hassan,Karnataka 573201,India²

Department of Prasuti Tantra evam Stree Roga, Sri Dharmasthala Manjunatheshwara Institute of Ayurveda and Hospital, Bengaluru, India³

Abstract:

Vicharchika is one of the eleven Kshudrakushta. Vicharchika's lakshana is "KanduPidikaShyavaBahusrava". Vicharchika is a Kapha dosha pradhan vyadhi, according to Acharya Charaka. Acharya Vagbhata referred to Vicharchika as Pitta Kapha Pradhan Vyadhi. Eczema is a disorder similar to Vicharchika, with symptoms including pruritus, erythema, edema, vesiculation, leaking, crusting, and scaling. Patients with skin diseases may face physical and psychological shame in society. This requires the condition to be approached through many forms of treatment in order to get the desired effect. This case report is about a 30-year-old male patient who was diagnosed with Vicharchika and complained of a black skin lesion on both legs, along with drainage, burning, and itching.

Methods: The subject was treated with *DhamargavaKsheerapaka vamana*, and assessments were conducted on the first and tenth days based on the *lakshana* following *Samsarjana karma* EASI score.

Result: After *Vamana* and 7 days of therapy, there was an important decrease in symptoms and signs, as well as the EASI score.

Keywords: Vicharchika, Kushta, Eczema, Vamana, Dhmargava Ksheera paka

INTRODUCTION:

Ayurvedic science classifies all skin diseases as *Kushtaroga.Kushta* manifests itself through the stimulation of all three *Doshas* (*Vata*, *Pitta*, *and Kapha*) as well as the deformity of four key responsible *Dahatu* (*Twak*, *Mamsa*, *Rakta*, *and Lasika*). Charaka believes that the predominant symptoms of the *Dosha* should be treated first, followed by the related symptoms and their causal Dosha¹.

Mahakushta and *Kshudrakushta* are two other classifications. *Vicharchika* is one of the *Kshudrakushta. Vicharchika* is a *kapha-pitta Pradhantridoshajvyadhi* with particular participation of *Rasa, Rakta, Mamsa*, and *Kleda* (Lasika) Dushya, the Sapthak dravya, in illness manifestation. Classical diagnostic symptoms for *Vicharchika* include itching, eruptions, blackish staining, and profuse oozing². *Acharya Sushruta* described symptoms such as acute itching, agony, and clinically dry linings (Sushka Vicharchika).³

According to *Astanga Haridya*, the nature of *Srava* was defined as *'Lasikadhya*', but Indu interpreted *lasikadhya* as *'Jala Pravah*,' i.e. watery.Discharge4Kushta is a skin condition that affects a person both visually and emotionally as a result of the social shame associated with deformed skin look.The skin, *UpadhatuofMamsa*, which originated from *Matraj Bhav* and is also an *Adhisthana* of *Sparshanendriya*, covers the whole exterior part of the body⁴.

In current times, *Vicharchika* can be compared to Eczema, which has more comparable signs and symptoms such as non-contagious skin inflammation characterized by erythema, scaling, edema, vesiculation, and ooze. There are numerous forms of eczema, with the most common being atopic or allergic dermatitis. Daily visits to general practitioners account for 10-15% of patients with dermatological illnesses, and of all skin diseases, 30% are eczema-related. Dermatitiswasestimatedtoaffect245 millionpeoplegloballyin 2015, More widespread among youngsters (15-20%) and adults (1-3%) globally⁵, the frequency among the age range 6-7 years is 0.9% in India.⁶⁷

Case report:

A 30-year-old male patient presented to *Panchakarma* OPD with symptoms of a black skin lesion on both legs accompanied by drainage, burning, and itching sensations for 15 days. *Vicharchika* (Eczema) was diagnosed 5 years ago and was treated with Ayurvedic medicine.

History of presenting illness:

Subject was apparently healthy 5 year back. For the same complaints she approached our hospital.

Clinical findings:

On general examination, the patient was a thin, fairly fed girl. Blood pressure 110/80mmHg, temperature 98oF, pulse 82/min, and respiration rate 16cycles/min. On inspection, pallor and icterus were not present. Central cyanosis, digital clubbing, and local lymphadenopathy were all absent. Oedema was absent.

Systemic examination

Dashavidhapareeksha (Ten fold examination):

- Prakrithi (~ body constitution) Vatapitta;
- ➤ Vikrithi(~abnormal tissues affected) Tvak,Rakta (~Skin and Blood);
- ➤ *Satva*(~will power) *Madhyama*(~Moderate);
- Sara(~essence of body tissues) Madhyama(~Moderate);
- Samhanana(~Nourishment) Madhyama(~Moderate);
- ➤ Aharashakthi(~Power of digestion) Madhyama(~Moderate);
- ➤ *Vvayamashakthi*(~Power of performing exercises) *Madhyama*(~Moderate):
- ➤ Vava(~Age) Vridha (~Old).

AshtavidhaPariksha(Eight fold examination):

- *▶ Nadi*(~pulse) *Vataja*;
- Mutra(~nature of micturition) Prakritha(~normal)
- Mala(~Nature of stool) Prakritha(~normal)
- ➤ Jihva(~Status of tongue) *Alipta*(~not coated)
- Shabdha(~auditory reflexes) Prakritha(~normal)
- Sparsha(~tactile) Prakritha(~normal)
- Drik(~visual reflexes) Prakritha(~normal)
- ➤ *Aakrithi*(~body built) *Krisha*(~lean).

Nidana(~Etiology/Causative factor):

- ➤ Ati Amla and lavanaAaharaSevana(~consumption of more sour and salty food); Divasvapana(~Sleeping in day);
- ➤ *Ati Sniqdhaaharasevana*(~consumption of more oily food).

Srotopareekskha(~Examination of circulatory channels involved): The involved *Srotas*(~circulatory channels) are *Rakta*(~Blood) which have origin from *Rasa*(~plasma). The *Lakshanas*(~symptoms) are *kandu* (~itching), *Pidika* (~eruptions), *Shyava* (~blackish discoloration) and *BahuSrava*(~excessiveoozing).

OBJECTIVES: Management of *Vicharchika* (Eczema) through *Ayurveda*.

MATERIALS AND METHODS:

Materials were gathered from Ayurvedic Samhitas, various publications, textbooks, research articles, and internet-based data. All the literary elements were examined and rearranged following the current study.

IJCRI

Day	Intervention	Dose
1 st day-4	Sarvanga Udwarthana f/b	
th day	Sarvanga Parisheka with	1
	DMQ	
5 nd to 7 th	Snehapan <mark>a with</mark>	5 th day 30ml
day	Panchatikata Grita	6 th day 120ml
		7 th day 180ml
8 TH Day	Vishramakala	1 day
9 th Day	Dhamargava Ksheera	Dhamargavakeheera
	Paka Vamana	paka 70ml
		Honey100ml
		Saindhava lavana 12
		gm

RESULT:

Parameter	Before treatment	After treatment
Kandu ⁸	Present	Absent
Pidika	Absent	Absent
Shyava Varna	Present	Reduced
Bahusraava	Present	Absent
EASI score ⁹	4.9	0

DISCUSSION:

Kushta manifests itself through the stimulation of all three *Doshas (Vata, Pitta, and Kapha)* and the malformation of our key responsible *Dahatu (Twak, Mamsa, Rakta, and Lasika)*. According to *Acharya Charaka*, the governing symptoms of the Dosha should be addressed first, followed by accompanying symptoms and the causal *Dosha*. *Acharya Charaka* stated in *Vimanasthana* that if an individual with a *Kapha* predominate constitution is exposed to something that aggravates *Kapha*, it leads in *KaphaDosha* aggravation instantly, as well as the power of *KaphajaVyadhi*. The vitiated *Tridosha - Vata, Pitta*, and *Kapha*, together with compromised Tvak, *Rakta, Masa,* with *Lasika*, constitute seven significant entities that play a part in the physiology of this cutaneous illness, and *Kapha* being the primary dosha implicated in *Vicharchika*. In the instance of *Vicharchika*, cardinal criteria for diagnosing ticpurpo stated in our classics include *Kandu* (itching), *Pidika* (eruptions), *Shyava* (blackish discoloration), and *Bahu Srava* (excessive ooze). *Udvarthana¹ a Bahirparimarjana Chikitsa*, which is conducted in *Pratiloma gatias* Bahya *Rookshana karma*, affects *Kapha* and *Vata* disorders by promoting liquefaction of *Kapha* and *Meda*, which stimulates metabolism.

Kapha &Pitta doshas, or are liable with symptoms such as kandu¹⁰, Vata performs the shyava the *Varna* of Tvak, while Pitta has responsibility for Lakshana things such as Bahu sraava and daha. Kushta is a chronic condition for which repetitive Shodhana has been recommended¹¹. According to Acharya Sushruta for Kushta chikitsa, Vamana can be performed every 15 days, Virechana once every thirty days, & Raktamokshan every 6 months. In Bahu dosha conditions, Shodhana such as Vaman is mostly suggested. Vamana karma is one of the Shodhana Chikitsa that is effective in lowering Kapha-medho dushti as kapha receives vitiated, causing Srotorodha. .Vamana.Drugs such as Usna (hot), Tiksna (sharp), Suksma (sutle), and Vyavayi (which pervades the whole body before digestion) Vikasi, which cause joint looseness, can reach the heart and circulate through the vessels due to their potency. Because of their Agneya character, these liquefy the compact Dosas, and their acuteness separates your (adhered) Dosas located in the gross and subtler channels through the body. The morbid substance, like honey preserved in a pot covered with fat, separates and travels freely throughout the oleated body. Because of its ability to pass through delicate channels and flow (towards the gastrointestinal system), this morbid material enters the stomach and is driven by Udana vayu. Because of the Agni and Vayu *Mahabhutas* in these drugs, as well as their distinctive activity of moving upwards, infectious material is ejected through the ascending tract Therefore, all of these *Avurvedic* treatments play an important part in treating Vicharchika¹².

CONCLUSION:

Dhamargava ksheerapaka has shown substantial outcomes for *Vicharchika*¹² parameters. Based on the results of this clinical investigation, we can infer that this unique combination is a successful formulation for the treatment of *Vicharchika*¹². The current study focused on a single topic. As a result, an extended investigation with a large sample size may be explored to confirm the therapy in *Vicharchika*¹² patients.

Acknowledgments: The authors would like to thank the personnel, postgraduate academics, and therapists of the Department of *Panchakarma* for their help.

Conflict of interest: None declared

REFERENCE:

- 1. Agnivesha, Charakasamhita of Acharya Charaka, Dridhabalakrit, editedby Vaidya Jadavaji Trikamji Aacharya. Chikitsasthana. Ch. 7, Ver. 32. Varanasi: Chaukhamba Orientalia; 2015. p. 451.
- Agnivesha, Charakasamhitaof Acharya Charaka, Dridhabalakrit, editedby Vaidya Jadavaji Trikamji Aacharya. Chikitsasthana. Ch. 7, Ver. 26. Varanasi: Chaukhamba Orientalia; 2015. p. 451.
- 3. SriDalhanacharya, SusrutaSamhitaofAcharyaSusruta,editedbyVaidyaJadavajiTrikamjiAacharya.Nidansthana.Ch.5, Ver.13.Varanasi:Chaukhamba Orientalia; 2011.p. 285.
- 4. Vagbhata, Astangahrdayam, editedby Bhisagacharya Harisas tri Paradakara Vaidya. Nidanasthana. Ch. 14, Ver. 17. Varanasi: Chaukhamba Orientalia; 2017. p. 525.
- **5.** GBD 2015 Disease and Injury Incidence and Prevalence Collaborators (2016). Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet (London, England), 388(10053), 1545–1602.https://doi.org/10.1016/S0140-6736(16)31678-6
- **6.** Asher MI, Montefort S, Bjorksten B, Lai CK, Strachan DP, Weiland SK, Williams H: Worldwide time trends in the prevalence of symptoms of asthma, allergic rhinoconjunctivitis, and eczema in childhood: ISAAC Phases One and Three repeat multicounty cross-sectional surveys. Lancet 2006; 368: 733-743.
- **7.** Odhiambo JA, Williams HC, Clayton TO, Robertson CF, Asher MI: Global variations in prevalence of eczema symptoms in children from ISAAC Phase Three. J Allergy Clin Immunol 2009; 124: 1251-1258.
- **8.** Shukla V Tripathy R. Charaka Samhita of Agnivesha, Chikitsa sthana; Chikitsasthana: Chapter 7, Verse 26. Delhi: Chaukhamba Sanskrit Pratishthana, 2007.
- **9.** Leshem YA, Hajar T, Hanifin JM, Simpson EL. What the Eczema Area and Severity Index score tells us about the severity of atopic dermatitis: an interpretability study. Br J Dermatol. 2015;172(5):1353-7. doi: 10.1111/bjd.13662. Epub 2015 Apr 16. PMID: 25580670.
- **10.** Shukla V Tripathy R. Charaka Samhita of Agnivesha, Sutra sthana; Maharogaadhyaya: Chapter 20, Delhi: Chaukhamba Sanskrit Pratishthana, 2007.
- **11.** Dr. Harishchandra Singh Kushwaha, editor. Commentary Agnivesha of Charaka Samhita, Chikitsa Sthana. KushtachikitsaAdhyaya Chapter 7, Verse 42. Varanasi: Chaukhambha Orientalia, 2018.p.201.

12. Dr. Kewalkrishanthakaral, editor. Commentary Dhalana and Gayadas of Sushruta Samhita, Chikitsa Sthana. Kushtachikitsitamvyakhayam chapter 9, Verse 43. Varanasi: Chaukhambha Orientalia, 2019.p.305.

